RECEIVED FEC MAIL GENTER

SUPRPAC.com

2016 APR 27 AM 11: 28

(855) 4-SUPRPAC (toll free) Eric@suprpac.com

April 21, 2016

Federal Election Commission 999 E. St., NW Washington, D.C., 20463

Dear Federal Election Commission:

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC. It therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to <u>federal candidates</u> or committees."

Sincerely,

Lisa Lose

2016-04-27-03-00071877

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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•		2016 APR	27 u 16 day : 28	
NAME OF COMMITTEE (in full)	(Check if name Example:If to over the line			
Matinonal Li	ationa Vinctory P	AC		
ADDRESS (number and street)	1291151 Harding A	ve		
Check if address is changed)	Switte 2			
	BI CONX CITY A	N1 STATE ▲	ZIP CODE A	
COMMITTEE'S E-MAIL ADDRE	ss .			
☐ ◀ (Check if address is changed)	Rivicinano1984@q	Maill.Com		
	Optional Second E-Mail Address		111111	
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
2. DATE 0.4 1	8 2016			
3. FEC IDENTIFICATION NUMBER ▶ C				
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)				
I certify that I have examined t	his Statement and to the best of my knowled	ge and belief it is true, correct a	and complete.	
Type or Print Name of Treasurer Lisa Lose for here Luciano				
Signature of Treasurer se for Rene Lucigno Date 54 20.16				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only	Federal	her information contact: Election Commission 8 800-424-9530	FEC FORM 1 (Revised 06/2012)	

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FEC F	orm 1 (Revised 02/2009) Page 2
. TYPE OF (COMMITTEE
Candidat	te Committee:
(a) 🕠	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	<u> </u>
Candidate Party Affilia	Office State Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Part
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
· .	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) 	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Cor	mmittees Participating in Joint Fundraiser
001	
1.	TEO IS NUMBER
2.	
3.	
4.	

6. Name of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Representative, o	r Leadership PAC Sponsor
Nolde			
			·
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Representati	ve Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number	optional) and position of the per	son in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	· STATE	ZIP CODE
Tiriegisiurieir		Telephone number	
	and address (phone number optional) o		and the name and address of
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) o		
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) o , assistant treasurer).	of the treasurer of the committee; a	
Treasurer: List the name a any designated agent (e.g., Full Name of Treasurer	and address (phone number optional) of assistant treasurer).	of the treasurer of the committee; a	
Treasurer: List the name a any designated agent (e.g., Full Name of Treasurer	and address (phone number optional) of assistant treasurer). 12 14 12 13 14 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16	of the treasurer of the committee; a	

CITY

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ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated



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* Domestic only

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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
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Postmark Illegible	
No Postmark	
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N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
	4/27/16
(3/2015)	DATE PREPARED